

morozov@post.com

703-203-8374

April 1, 2019

The Honorable Judge Stuart M. Bernstein
The United States Bankruptcy Court
for the Southern District of New York,
Courtroom 723
One Bowling Green,
New York, NY 10004-1408

Re: Case 19-10629 (SMB), Eugene Morozov, Debtor in Foreign Proceeding

Dear Judge Bernstein,

My name is Eugene Morozov, I am the named Debtor in these proceedings. I hereby respectfully request the postponement of the April 3, 2019 response date and April 10, 2019 hearing date for the following reasons:

1. I have not been properly served in this case and learned about it recently from my accountant. I am experiencing severe financial hardship and unable to pay for a bankruptcy attorney and have to represent myself, and need additional time to prepare my objections to the Petition, which is based on numerous misrepresentations and false statements. I currently live in California and have no means to travel to New York.

2. I have experienced several medical emergencies since my heart attack and a double bypass surgery in August 2018. In November 2018, I was admitted to the Emergency Room of Santa Clara Valley Hospital in California, with shortness of breath and chest pain and was prescribed additional medications. In February, I was referred for another surgery by Santa Clara Valley Hospital, scheduled for May 1, 2019, and my medication dosage was increased (I am currently taking 5 prescription medications). On March 30, 2019, I was again admitted to Emergency Room at Kaiser Hospital with chest pain and shortness of breath, and require further testing and treatments (Exhibit 1). According to the doctors there is a potential threat to my life and safety, including death

or permanent disability; I was referred for further tests and treatment, which I have to do in the next few weeks.

3. My request for discharge in foreign bankruptcy proceedings is now on appeal in the Russian Bankruptcy Court and may be dismissed.

I am copying this letter to CKR Law, representing the Foreign Representative, by email to escnitzer@ckrlaw.com.



Eugene Morozov

cc: Clerk of the United States Bankruptcy Court

Edward Schnitzer, Esq., CKR Law LLP, 1330 Avenue of the Americas, 14th Floor, New York, New York 10019

Andy Velez-Rivera, Office of the United States Trustee, U.S. Federal Office Building, 201 Varick Street, Suite 1006, New York, NY 10014



AFTER VISIT SUMMARY

Eugene M. Morozov MRN: 30623014

8/26/2018 - 8/31/2018 ♀ Heart and Vascular Institute CVSD ♀ Fairfax Heart Hospital ☎ 703-776-4001

Most Important



About Your Stay

SEE ACCOMPANYING PURPLE FORM IN YOUR DISCHARGE PACKET
(INOVA MEDICAL GROUP CARDIAC SURGERY DISCHARGE INSTRUCTIONS)

MY CARDIAC SURGERY

The operation I had was : coronary artery bypass grafting x 2
(left internal mammary artery to left anterior descending artery,
right internal mammary artery to obtuse marginal artery)

My Incisions are located: on my chest

I needed this operation to: to bypass blockages in the arteries of my heart

My cardiac surgeon is: Dr Kathleen Petro

My ejection fraction is: 60% (a measure of how well my heart pumps - normal is 55-60%)

Things To Do

? Ask

- ☐ Ask how to get these medications
 - acetaminophen
 - aspirin EC

👍 Do

- ☐ Pick up 6 medications from any pharmacy with your printed prescription
- ☐ Call SENTARA MEDICAL CENTER CARDIAC REHABILITATION in 1 week(s)
2296 Opitz Blvd
Suite 520
WOODBIDGE VA 22191-3300
703-523-1280
- ☐ Schedule an appointment with Cardiologist as soon as possible for a visit in 2 week(s)
- ☐ Schedule an appointment with Primary Care Physician as soon as possible for a visit in 4 week(s)
- ☐ Go to Kathleen R Petro, MD on 9/5/2018
Inova Cardiac and Thoracic Surgery
703-280-5858

Doctor in charge of your hospital stay

Petro, Kathleen R, MDPhone: (703)280-5858



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Kaiser Foundation Hospitals
The Permanente Medical Group, Inc.

**EMERGENCY DEPARTMENT (ED)
LEAVING BEFORE MEDICAL EVALUATION/TREATMENT**

COMPLETED: ☐ LWBS ☐ ELOPEMENT ☒ AMA

Complete applicable section (1 or 2) ONLY

MR #:

110016860987 SAC-ED**-SRE-02

MOROZOV, EUGENE M

Date Time

Collected By: _____

1 LEFT WITHOUT NOTIFICATION TO STAFF (LWBS¹ OR ELOPEMENT²):

The patient has: ☐ LWBS ☐ ELOPED Physician notified: _____

No answer when called: 1. Date: _____ Time: _____ Signature: _____

Priority: _____ 2. Date: _____ Time: _____ Signature: _____

Searched: ☐ ED ☐ Lobby ☐ Parking Area ☐ Front Entrance ☐ Other: _____

☐ Additional actions taken (as needed): _____

☒ _____ Date: _____ Time: _____
PHYSICIAN OR RN SIGNATURE

☐ Call back per policy: _____

☒ _____ Date: _____ Time: _____
RN SIGNATURE

LWBS¹: Left Without Being Seen by a physician or nurse

ELOPEMENT²: Patient who leaves after a physician or nurse initiates triage/Initial Medical Screening Examination (MSE)

2 LEAVING AGAINST MEDICAL ADVICE (AMA³): To be completed by physician or nurse

☒ This patient is leaving AMA despite being encouraged to stay for further examination and treatment

☒ I have explained the hospital's obligation to provide medical screening examination, stabilizing treatment within the hospital's capability and capacity, and/or an appropriate transfer to another facility if necessary to stabilize an emergency medical condition.

• Reason(s) for leaving: tests not available today and would like to go home and come back another day

The patient has been advised of the risks of leaving and benefits of remaining in the Emergency Department for further examination and treatment. The risks and benefits include:

☒ Potential threat to life, limb, and/or safety, including death or permanent disability.

☐ Other (specific to presenting complaint): _____ ☒ Physician notified (as needed)

PATIENT ACKNOWLEDGMENT:

You have been advised to stay for further examination and treatment. Please follow up with your provider. Return to an Emergency Department if your symptoms persist or worsen.

I am voluntarily leaving the Emergency Department. I understand the hospital has an obligation to provide me with a medical screening examination, stabilizing treatment within the hospital's capability and capacity, and/or an appropriate transfer to another facility if necessary to stabilize an emergency medical condition. However, I refuse such services. I have been informed of the risks and consequences potentially involved in this refusal and/or the possible benefits of continuing medical treatment at this hospital.

I hereby release the physicians, hospital, and its employees and agents from all responsibility for any ill effects that may result from my refusal of further medical examination and/or treatment.

Exam/treatment refused (to be completed by physician or nurse):

☒ Milena Mucic, RN
PHYSICIAN OR RN SIGNATURE

Date: 03/30/19 Time: 2250

☒ _____
PATIENT SIGNATURE OR ☐ PATIENT REFUSED TO SIGN

PRINTED NAME

RELATIONSHIP IF NOT PATIENT

Changes to Your Medication List

CHANGE how you take these medications



CHANGE

atorvastatin 40 MG tablet
Commonly known as: LIPITOR

Take 1 tablet by mouth at bedtime for 30 days.

What changed: when to take this

CONTINUE taking these medications

aspirin 325 MG EC tablet


Take 1 tablet by mouth daily.

lisinopril 5 MG tablet
Commonly known as: PRINIVIL, ZESTRIL

Take 1 tablet by mouth daily.

metoprolol tartrate 25 MG tablet
Commonly known as: LOPRESSOR

Take 1 tablet by mouth every 12 (twelve) hours.

 You might also be taking other medications not listed above. If you have questions about any of your other medications, talk to the person who prescribed them or your Primary Care Provider.

NOTICE TO CONSUMERS:

Medical Doctors are licensed and regulated by the Medical Board of California (800) 633-2322, www.mbc.ca.gov. Physician Assistants are licensed and regulated by the Physician Assistant Committee (916) 561-8780, www.pac.ca.gov. Nurse Practitioners are licensed and regulated by the California Board of Registered Nursing (916) 322-3350, www.rn.ca.gov/index.shtml.

Patient Update

For adult patients with a primary care provider at a Valley Health Center clinic, a limited number of same day appointments are available with your primary care provider. For children with urgent care needs, same day appointments are available in our Pediatric Urgent Care clinics. Have your medical record number available for faster service when calling Valley Connection at 1-888-334-1000.

Information from Santa Clara Valley Medical Center